

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

SYNERGY PAC

ADDRESS (number and street)

6849 Old Dominion Drive

Suite 222

☐Check if different  
than previously  
reported. (ACC)

McLean

VA

22101

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00409623

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☒

Special (30S)

Election on

in the  
State of

5. Covering Period

09

27

2007

through

12

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Leslie J. Kerman

Signature of Treasurer

Electronically Filed by Leslie J. Kerman

Date

01

10

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
SYNERGY PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	9	2	7	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2007</span>		30504.68
(b) Cash on Hand at Beginning of Reporting Period .....	50591.51	
(c) Total Receipts (from Line 19) .....	49000.00	220637.45
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	99591.51	251142.13
7. Total Disbursements (from Line 31) .....	74648.84	226199.46
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	24942.67	24942.67
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name  
SYNERGY PAC

Report Covering the Period:

From:

M M D D Y Y W Y  
0 9 2 7 2 0 0 7

To:

M M D D Y Y W Y  
1 2 3 1 2 0 0 7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	2000.00	33000.00
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	2000.00	33000.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	47000.00	187500.00
(c) Other Political Committees (such as PACs) .....	49000.00	220500.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	137.45
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	49000.00	220637.45
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	49000.00	220637.45

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	49648.84	116699.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	49648.84	116699.46
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	21000.00	105500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	4000.00	4000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	74648.84	226199.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	74648.84	226199.46

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	49000.00	220500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	49000.00	220500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	49648.84	116699.46
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	137.45
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	49648.84	116562.01

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SYNERGY PAC

**A.**

Full Name (Last, First, Middle Initial)

James D. Massie

Mailing Address 501 High Street

City

Alexandria

State

VA

Zip Code

22302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alpine Group Inc.

Occupation

Government Relations Consultant

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 7

Transaction ID: SA11AI.5025

Amount of Each Receipt this Period

2000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

2000.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 25

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

SYNERGY PAC

**A.**

Full Name (Last, First, Middle Initial)

AIRCRAFT OWNERS AND PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 421 Aviation Way

City	State	Zip Code
Frederick	MD	21701

FEC ID number of contributing  
federal political committee.**C** C00131185

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	7	/	2	0	0	7

Transaction ID: SA11C.5031

Amount of Each Receipt this Period

2500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

AIRCRAFT OWNERS AND PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 421 Aviation Way

City	State	Zip Code
Frederick	MD	21701

FEC ID number of contributing  
federal political committee.**C** C00131185

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	7	/	2	0	0	7

Transaction ID: SA11C.5033

Amount of Each Receipt this Period

2500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

BANK OF AMERICA CORPORATION STATE AND FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address 1100 North King Street  
DE5-001-02-07

City	State	Zip Code
Wilmington	DE	19884

FEC ID number of contributing  
federal political committee.**C** C00043489

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	7	/	2	0	0	7

Transaction ID: SA11C.5100

Amount of Each Receipt this Period

2500.00

Contribution

SUBTOTAL of Receipts This Page (optional) .....

7500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 / 25

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**SYNERGY PAC**

**A.**

Full Name (Last, First, Middle Initial)  
**CITIGROUP INC. POLITICAL ACTION COMMITTEE-FEDERAL (CITIGROUP PAC-FEDERAL)**

Mailing Address **1101 Pennsylvania Ave. NW #1000**

City State Zip Code  
**Washington DC 20004**

FEC ID number of contributing federal political committee. **C C00008474**

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt

**10 / 04 / 2007**

**Transaction ID: SA11C.5088**

Amount of Each Receipt this Period

**2500.00**

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
**COMCAST CORP. POLITICAL ACTION COMMITTEE**

Mailing Address **1500 Market Street  
35th Floor**

City State Zip Code  
**Philadelphia PA 19102**

FEC ID number of contributing federal political committee. **C C00248716**

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt

**10 / 30 / 2007**

**Transaction ID: SA11C.5029**

Amount of Each Receipt this Period

**5000.00**

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
**FEDERAL EXPRESS POLITICAL ACTION COMMITTEE**

Mailing Address **942 South Shady Grove Road**

City State Zip Code  
**Memphis TN 38120**

FEC ID number of contributing federal political committee. **C C00068692**

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**2500.00**

Date of Receipt

**12 / 31 / 2007**

**Transaction ID: SA11C.5141**

Amount of Each Receipt this Period

**2500.00**

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

**10000.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**SYNERGY PAC**

**A.** Full Name (Last, First, Middle Initial) **INTERNATIONAL ASSOCIATION OF FIREFIGHTERS INTERESTED IN REGISTRATION AND EDUCATION PAC**

Mailing Address **1750 New York Ave NW**

City State Zip Code  
**Washington DC 20006**

FEC ID number of contributing  
federal political committee.

**C** **C00029447**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**5000.00**

Date of Receipt

**11 / 26 / 2007**

**Transaction ID: SA11C.5096**

Amount of Each Receipt this Period

**5000.00**

Contribution

**B.** Full Name (Last, First, Middle Initial) **INVESTMENT COMPANY INSTITUTE POLITICAL ACTION COMMITTEE (ICI PAC)**

Mailing Address **1401 H STREET NW SUITE 1200**

City State Zip Code  
**WASHINGTON DC 20005**

FEC ID number of contributing  
federal political committee.

**C** **C00105981**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**5000.00**

Date of Receipt

**11 / 07 / 2007**

**Transaction ID: SA11C.5039**

Amount of Each Receipt this Period

**5000.00**

Contribution

**C.** Full Name (Last, First, Middle Initial) **JIM BEAM BRANDS CO. POLITICAL ACTION COMMITTEE**

Mailing Address **1310 K STREET NW SUITE 250 W**

City State Zip Code  
**WASHINGTON DC 20005**

FEC ID number of contributing  
federal political committee.

**C** **C00194126**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1500.00**

Date of Receipt

**12 / 11 / 2007**

**Transaction ID: SA11C.5102**

Amount of Each Receipt this Period

**1500.00**

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

**11500.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 25

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**SYNERGY PAC**

**A.**

Full Name (Last, First, Middle Initial)  
**JIM BEAM BRANDS CO. POLITICAL ACTION COMMITTEE**  
Mailing Address **1310 K STREET NW SUITE 250 W**

City State Zip Code  
**WASHINGTON DC 20005**

FEC ID number of contributing  
federal political committee. **C C00194126**

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**2500.00**

Date of Receipt

**12 / 31 / 2007**

**Transaction ID: SA11C.5140**

Amount of Each Receipt this Period

**1000.00**

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
**MICROSOFT CORPORATION POLITICAL ACTION COMMITTEE**  
Mailing Address **16011 NE 36th Way**  
**Box 97017**

City State Zip Code  
**Redmond WA 98073**

FEC ID number of contributing  
federal political committee. **C C00227546**

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**2500.00**

Date of Receipt

**12 / 31 / 2007**

**Transaction ID: SA11C.5143**

Amount of Each Receipt this Period

**2500.00**

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS POLITICAL ACTION COMMITTEE**  
Mailing Address **2901 Telestar Court**

City State Zip Code  
**Falls Church VA 22042**

FEC ID number of contributing  
federal political committee. **C C00005249**

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt

**12 / 11 / 2007**

**Transaction ID: SA11C.5104**

Amount of Each Receipt this Period

**5000.00**

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

**8500.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 25

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SYNERGY PAC

**A.** Full Name (Last, First, Middle Initial) NATIONAL ASSOCIATION OF REAL ESTATE INVESTMENT TRUSTS INC. POLITICAL ACTION COMMITTEE

Mailing Address 1875 Eye Street NW  
Suite 600

City State Zip Code  
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00303339

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 7

Transaction ID: SA11C.5037

Amount of Each Receipt this Period

2500.00

Contribution

**B.** Full Name (Last, First, Middle Initial) SHEET METAL WORKER'S INTERNATIONAL ASSOCIATION POLITICAL ACTION LEAGUE PAL

Mailing Address 1750 NEW YORK AVE NW

City State Zip Code  
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C** C70001136

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 7

Transaction ID: SA11C.5099

Amount of Each Receipt this Period

5000.00

Contribution

**C.** Full Name (Last, First, Middle Initial) WALT DISNEY PRODUCTIONS EMPLOYEES PAC (DISNEY EMPLOYEES POLITICAL ACTION COMMITTEE)

Mailing Address 1150 17TH STREET NW SUITE 400

City State Zip Code  
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00197749

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 6 / 2 0 0 7

Transaction ID: SA11C.5097

Amount of Each Receipt this Period

2000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

9500.00

**TOTAL** This Period (last page this line number only) .....

47000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
SYNERGY PAC

<b>A.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 297812	<b>Transaction ID:</b> SB21B.5077 <b>Date of Disbursement</b> <div> <div>10</div> <div>09</div> <div>2007</div> </div>
City Ft. Lauderdale State FL Zip Code 33329-7812 Purpose of Disbursement See Memo Below. Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>1563.20</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Southwest Airlines Mailing Address P.O. Box 36611 City Dallas State TX Zip Code 75235 Purpose of Disbursement PAC Event: Airline Ticket Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.5077.0 <b>Date of Disbursement</b> <div> <div>10</div> <div>04</div> <div>2007</div> </div> <b>Amount of Each Disbursement this Period</b> <div>380.80</div> <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Southwest Airlines Mailing Address P.O. Box 36611 City Dallas State TX Zip Code 75235 Purpose of Disbursement PAC Event: Airline Ticket Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.5077.1 <b>Date of Disbursement</b> <div> <div>10</div> <div>04</div> <div>2007</div> </div> <b>Amount of Each Disbursement this Period</b> <div>380.80</div> <b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

1563.20

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
SYNERGY PAC

**A.**

Full Name (Last, First, Middle Initial)  
Southwest Airlines

Mailing Address P.O. Box 36611

City Dallas State TX Zip Code 75235

Purpose of Disbursement  
PAC Event: Airline Ticket

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.5077.2

Date of Disbursement

10 / 04 / 2007

Amount of Each Disbursement this Period

380.80

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)  
Southwest Airlines

Mailing Address P.O. Box 36611

City Dallas State TX Zip Code 75235

Purpose of Disbursement  
PAC Event: Airline Ticket

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.5077.3

Date of Disbursement

10 / 04 / 2007

Amount of Each Disbursement this Period

380.80

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)  
American Express

Mailing Address P.O. Box 297812

City Ft. Lauderdale State FL Zip Code 33329-7812

Purpose of Disbursement  
See Memo Below.

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.5089

Date of Disbursement

10 / 12 / 2007

Amount of Each Disbursement this Period

733.50

**SUBTOTAL** of Disbursements This Page (optional) .....

733.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
SYNERGY PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Travelocity</p> <p>Mailing Address 3150 Sabre Drive</p> <p>City Southlake State TX Zip Code 76092</p> <p>Purpose of Disbursement PAC Event: Airline Ticket</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.5089.0</p> <p><b>Date of Disbursement</b>  <div> <div>10</div> <div>12</div> <div>2007</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>424.70</div> </p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) US Airways</p> <p>Mailing Address 4000 E. Sky Harbord Blvd.</p> <p>City Phoenix State AZ Zip Code 85034</p> <p>Purpose of Disbursement PAC Event: Airline Ticket</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.5089.1</p> <p><b>Date of Disbursement</b>  <div> <div>10</div> <div>09</div> <div>2007</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>308.80</div> </p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 297812</p> <p>City Ft. Lauderdale State FL Zip Code 33329-7812</p> <p>Purpose of Disbursement See Memo Below.</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.5074</p> <p><b>Date of Disbursement</b>  <div> <div>10</div> <div>23</div> <div>2007</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>25354.67</div> </p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**25354.67**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
SYNERGY PAC

**A.**

Full Name (Last, First, Middle Initial)  
Walt Disney World Company

Mailing Address PO Box 10000

City State Zip Code  
Lake Buena Vista FL 32830

Purpose of Disbursement  
PAC Event: Hotel, Catering, Event Expens

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.5074.0

Date of Disbursement

10 / 18 / 2007

Amount of Each Disbursement this Period

25354.67

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)  
American Express

Mailing Address P.O. Box 297812

City State Zip Code  
Ft. Lauderdale FL 33329-7812

Purpose of Disbursement  
See Memo Below.

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.5107

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

590.19

**C.**

Full Name (Last, First, Middle Initial)  
United Airlines

Mailing Address 1200 East Algonquin Road

City State Zip Code  
Elk Grove Township IL 60007

Purpose of Disbursement  
Airline Ticket

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.5107.0

Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

394.79

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

590.19

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
SYNERGY PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) United Airlines</p> <p>Mailing Address 1200 East Algonquin Road</p> <p>City Elk Grove Township State IL Zip Code 60007</p> <p>Purpose of Disbursement Airline Ticket</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.5107.1</p> <p>Date of Disbursement  <div> <div>10</div> <div>31</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>155.40</div> </p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 297812</p> <p>City Ft. Lauderdale State FL Zip Code 33329-7812</p> <p>Purpose of Disbursement See Memo Below.</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.5116</p> <p>Date of Disbursement  <div> <div>11</div> <div>13</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>14034.69</div> </p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Disney Resort Destinations</p> <p>Mailing Address 200 Celebration Place Sixth Floor</p> <p>City Celebration State FL Zip Code 34747</p> <p>Purpose of Disbursement PAC Event: Catering, Hotel, Tickets</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.5116.0</p> <p>Date of Disbursement  <div> <div>11</div> <div>13</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>14034.69</div> </p> <p><b>[MEMO ITEM]</b></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

14034.69

**TOTAL** This Period (last page this line number only) .....



X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
SYNERGY PAC

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
SYNERGY PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) The Waverly Group, Inc.</p> <hr/> <p>Mailing Address 6849 Old Dominion Dr. Suite 222</p> <hr/> <p>City McLean State VA Zip Code 22101</p> <hr/> <p>Purpose of Disbursement PAC Mang't./Compliance: Fees &amp; Expenses</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President  State: District:</p> <hr/> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.5073</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 5 / 2 0 0 7</div> </div> </p> <hr/> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>1265.00</div> </div> </p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) The Waverly Group, Inc.</p> <hr/> <p>Mailing Address 6849 Old Dominion Dr. Suite 222</p> <hr/> <p>City McLean State VA Zip Code 22101</p> <hr/> <p>Purpose of Disbursement PAC Mang't./Compliance: Fees and Expense</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President  State: District:</p> <hr/> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.5115</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 1 2 / 2 0 0 7</div> </div> </p> <hr/> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>1342.09</div> </div> </p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) The Waverly Group, Inc.</p> <hr/> <p>Mailing Address 6849 Old Dominion Dr. Suite 222</p> <hr/> <p>City McLean State VA Zip Code 22101</p> <hr/> <p>Purpose of Disbursement PAC Mang't./Compliance: Fees &amp; Expenses</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President  State: District:</p> <hr/> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.5128</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 1 / 2 0 0 7</div> </div> </p> <hr/> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>1265.00</div> </div> </p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**3872.09**

**TOTAL** This Period (last page this line number only) .....

**49617.84**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 SYNERGY PAC

**A.** Full Name (Last, First, Middle Initial)  
 CAROL SHEA-PORTER FOR CONGRESS

Mailing Address P.O. Box 453

City Rochester State NH Zip Code 03866

Purpose of Disbursement  
 Contribution

Candidate Name  
 Carol Shea-Porter

Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NH District: 01

Transaction ID: SB23.5067

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
 DAN LIPINSKI FOR CONGRESS

Mailing Address 4501 GRAND

City WESTERN SPRINGS State IL Zip Code 60558

Purpose of Disbursement  
 Contribution

Candidate Name  
 DANIEL WILLIAM LIPINSKI

Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 03

Transaction ID: SB23.5043

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

**C.** Full Name (Last, First, Middle Initial)  
 ELLSWORTH FOR CONGRESS COMMITTEE

Mailing Address PO BOX 62

City EVANSVILLE State IN Zip Code 47708

Purpose of Disbursement  
 Contribution

Candidate Name  
 BRAD ELLSWORTH

Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN District: 08

Transaction ID: SB23.5055

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 25

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 SYNERGY PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial)            FRIENDS OF PHIL HARE</p> <p>Mailing Address 313 17th Street            P.O. Box 4183</p> <p>City Rock Island State IL Zip Code 61202</p> <p>Purpose of Disbursement            Contribution <input type="checkbox"/></p> <p>Candidate Name            PHILIP G HARE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>State: IL District: 17</p>	<p><b>Transaction ID:</b> SB23.5136  <b>Date of Disbursement</b>  <div> <div>12</div> <div>20</div> <div>2007</div> </div></p> <p><b>Amount of Each Disbursement this Period</b>  <div>1500.00</div></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial)            GIFFORDS FOR CONGRESS</p> <p>Mailing Address PO Box 27565</p> <p>City Tucson State AZ Zip Code 85726</p> <p>Purpose of Disbursement            Contribution <input type="checkbox"/></p> <p>Candidate Name            GABRIELLE GIFFORDS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>State: AZ District: 08</p>	<p><b>Transaction ID:</b> SB23.5135  <b>Date of Disbursement</b>  <div> <div>12</div> <div>20</div> <div>2007</div> </div></p> <p><b>Amount of Each Disbursement this Period</b>  <div>1500.00</div></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial)            HEATH SHULER FOR CONGRESS</p> <p>Mailing Address PO Box 97</p> <p>City Hazelwood State NC Zip Code 28738</p> <p>Purpose of Disbursement            Contribution <input type="checkbox"/></p> <p>Candidate Name            JOSEPH HEATH SHULER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>State: NC District: 11</p>	<p><b>Transaction ID:</b> SB23.5059  <b>Date of Disbursement</b>  <div> <div>11</div> <div>07</div> <div>2007</div> </div></p> <p><b>Amount of Each Disbursement this Period</b>  <div>2000.00</div></p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**5000.00**

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 SYNERGY PAC

## **A.** Full Name (Last, First, Middle Initial) HEATH SHULER FOR CONGRESS

Mailing Address PO Box 97

City Hazelwood State NC Zip Code 28738

Purpose of Disbursement  
 Void of Contribution Dated 6/26/07

Candidate Name  
 JOSEPH HEATH SHULER

Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 11

Transaction ID: SB23.5070

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-2000.00

## **B.** Full Name (Last, First, Middle Initial) JOE DONNELLY FOR CONGRESS

Mailing Address P.O. Box 1961  
 CENTURY BUILDING

City South Bend State IN Zip Code 46634

Purpose of Disbursement  
 Contribution

Candidate Name  
 JOSEPH SIMON DONNELLY

Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN District: 02

Transaction ID: SB23.5058

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

## **C.** Full Name (Last, First, Middle Initial) JOE DONNELLY FOR CONGRESS

Mailing Address P.O. Box 1961  
 CENTURY BUILDING

City South Bend State IN Zip Code 46634

Purpose of Disbursement  
 Contribution

Candidate Name  
 JOSEPH SIMON DONNELLY

Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN District: 02

Transaction ID: SB23.5133

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
SYNERGY PAC**A.** Full Name (Last, First, Middle Initial)  
JOHN HALL FOR CONGRESS

Mailing Address PO Box 469

City Beacon State NY Zip Code 12508

Purpose of Disbursement  
ContributionCandidate Name  
JOHN JOSEPH HALLCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 19

Transaction ID: SB23.5041

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	0	7

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
KILROY FOR CONGRESSMailing Address 929 Harrison Ave  
Ste 305

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
ContributionCandidate Name  
MARY JO KILROYCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: SB23.5042

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	0	7

Amount of Each Disbursement this Period

2500.00

**C.** Full Name (Last, First, Middle Initial)  
MCNERNEY FOR CONGRESSMailing Address 6520 Village Parkway  
Second Floor

City Dublin State CA Zip Code 94568

Purpose of Disbursement  
ContributionCandidate Name  
JERRY MCNERNEYCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 11

Transaction ID: SB23.5056

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	0	7

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

4500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
SYNERGY PAC

A.

Full Name (Last, First, Middle Initial)  
OHIO DEMOCRATIC PARTY

Mailing Address 340 East Fulton Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2007 ☐ Primary ☐ General  
☒ Other (specify) ▼  
 State: District: Other

Transaction ID: SB23.5121

Date of Disbursement

11 / 29 / 2007

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)  
ROBIN WEIRAUCH FOR CONGRESS

Mailing Address PO Box 301

City Napoleon State OH Zip Code 43545

Purpose of Disbursement  
Contribution: 12/11/07 Special Election

Candidate Name  
ROBIN WEIRAUCH

Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
 Disbursement For: 2007 ☐ Primary ☐ General  
☒ Other (specify) ▼  
 State: OH District: 05 Special-General

Transaction ID: SB23.5118

Date of Disbursement

11 / 29 / 2007

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)  
ZACK SPACE FOR CONGRESS COMMITTEE

Mailing Address 714 N WOOSTER AVENUE

City DOVER State OH Zip Code 44622

Purpose of Disbursement  
Contribution

Candidate Name  
ZACHARY T SPACE

Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
 Disbursement For: 2008 ☒ Primary ☐ General  
☐ Other (specify) ▼  
 State: OH District: 18

Transaction ID: SB23.5057

Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

6000.00

TOTAL This Period (last page this line number only) .....

21000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
SYNERGY PAC

**A.**

Full Name (Last, First, Middle Initial)  
Brad Miller Legal Expense Trust

Mailing Address 499 South Capitol Street SW  
Suite 604

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB29.5134

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)  
McDermott Legal Expense Trust

Mailing Address P.O. Box 2168

City Seattle State WA Zip Code 98111

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB29.5131

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

4000.00



Form/Schedule:**F3XN**      This Report also is the 2007 Year-End Report for Synergy PAC.  
Transaction ID: